

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 0 0 6

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(30)(c) and 1902(d) of the Act, PL99-509
42 CFR 456.2 (Sec.9431)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0
b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.14, pages 49, 50 and 50a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Section 4.14, pages 49, 50 and 50a

10. SUBJECT OF AMENDMENT:

Utilization and Quality Control Peer Review Organization use designated under
42 CFR, Part 462

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

16. RETURN TO:

John Liveratti, Chief
Nevada Medicaid
2527 N. Carson St.
Carson City, NV 89706**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 2, 2001

18. DATE APPROVED:

JUL 16 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB No.: 0938-0193

State: Nevada

Citation

42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

X Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

___ All skilled nursing facilities.

___ Those specified in the waiver.

X No waivers have been granted.

TN No. ~~85-23~~ 01-06

Supersedes Approval Date ~~07/01/85~~ JUL 16 2001

Effective Date ~~07/01/85~~ 07/01/01

TN No. ~~85-41~~ 85-23

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB No.: 0938-0193

State: Nevada

Citation

42 CFR 456.2
50 FR 15312

- X 4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
- Facility-based review.
 - X Direct review by personnel of the medical assistance unit of the State agency.
 - X Personnel under contract to the medical assistance unit of the State agency.
 - Utilization and Quality Control Peer Review Organizations.
 - Another method as described in ATTACHMENT 4.14-A.
 - X Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - Not applicable. Intermediate care facility services are not provided under this plan.

TN No. ~~85-29~~ 01-06

Supersedes Approval Date ~~10/01/95~~ JUL 16 2001 Effective Date ~~07/01/85~~ 07/01/01

TN No. ~~75-41~~ 85-29

HCFA ID: 0048P/0002P

Revision: HCFA-PM-91-10 (MB)
December 1991

State: Nevada

Citation

1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)
P.L. 99-203
(section 4113)

4.14 Utilization/Quality Control (Continued)

- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

- X A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- A private accreditation body.
- An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. ~~92-10~~ 01-06

Supersedes Approval Date ~~04/01/92~~ JUL 16 1991 Effective Date ~~03/01/92~~ 07/01/01

TN No. ~~87-08~~ 92-10